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CONTRIBUTIONS TO PRACTICAL SURGERY.

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Intrastructural Treatment of Tumors.

SOME twelve or fifteen years since, the writer treated an interesting case of scrofula, in which the parotid, submaxillary and sublingual glands of both sides were extensively implicated. The subject was a youth, about 9 or 10 years of age, well grown but pale, rather feeble, short-winded, and disinclined to take exercise. For a year before the case came into my hands, the disease had been slowly advancing, but had not been subjected to any regular treatment, as was stated by a senior member of the family, domestic remedies being chiefly employed. For a number of years the writer has relied chiefly upon emetics and brisk purgatives, with restrictions on diet, and an equable state of the body temperature, in treating scrofula, more especially the form now under consideration; and a vast number of the cases yielded to such treatment, as was evidenced by the perfect cures following from it. In the case now under consideration that plan, however, failed, after a fair trial; and the writer, believing any further attempt to medicate it through the constitution chiefly would endanger the life of the patient, determined to subject it to topical treatment by injecting into the bodies of the tumors some sorbefacient liquid; and the remedy selected was the tincture of iodine. The tincture employed was formed by dissolving half an ounce of iodine in eight ounces of alcohol, and from thirty to forty drops were injected into the tumors once in three or four days, using for the purpose a small glass syringe and a delicate trocar formed for the purpose. The central portions of the tumors were first injected, and in succession the remedy, from time to time, was applied to nearly every portion of them. Very slight pain attended and followed the operations, and the patient, comparatively a child, submitted to them readily, only complaining of a burning sensation in the tumors at the time of injecting them, and inconsiderable soreness afterwards.

This treatment was kept up for two months, at the expiration of which time the tumors had entirely disappeared, as well as the disgusting deformity caused by them, and the skin of the respective regions occupied by them appeared in all respects healthy, as well as smooth and comely. During its progress, the first perceptible changes in the condition of the tumors were, increased bulk and sensibility, and very slight exaltation of temperature. In ten days after the first injection was used, the tumors became somewhat lobulated, as well as softened under the taxis; and these changes progressively increased until they disappeared entirely.

To aid the sorbefacient operation of the intrastructural treatment, aperients were employed, and as the amelioration progressed, with the design of correcting anæmia, iodide of iron was superadded, after the tumors had become reduced more than two thirds of their original bulk. During the treatment it could not be perceived that the constitution experienced any marked change, and certainly nothing like iodism made its appearance.

This was unquestionably an example of struma of well-marked character, and the subsidence of the tumors under the treatment to which they were subjected, and their final disappearance, were equally striking. There was evidently a decided constitutional aptitude for the disease, as the subject presented most of the appearances which indicate such a state, and was descended from scrofulous parents.

Some years after this case was treated, an example of fibro-adipose tumor was placed under my professional care, which, by reason of its size and situation on the neck, I determined to treat with intrastructural injections. This tumor was as large as a fist, completely filling the space between the right half of the inferior maxillary bone and corresponding clavicle, and was of soft, compressible character. Before coming into my hands, an extensive incision had been made into it, and from the information given me by the patient, the surgeon who made the incision represented that the tumor consisted of adipose and very loose fibrous matter, the latter greatly preponderating. So large and illy defined was the tumor, that I felt unwilling to attempt its extirpation with the knife, to say nothing of my reluctance to subject the patient, a young female about 16 years old, to a painful operation, which would necessarily be followed by an extensive and deforming cicatrix should recovery take place.

This patient evidently had a strumous aptitude, but less strongly marked than in the case above referred to; and although pale and anæmic in some degree, seemed to enjoy good general health. She informed me that the tumor had existed eight months, and that its development from the first discovery of it had been quite rapid, but almost entirely painless. Even when handled roughly, it seemed entirely free from tenderness, and imparted to the taxis a feeling of soft wool.

The injection employed in this case was the tincture of iodine, and

of the strength as well as after the manner of that used in the above reported case. Three injections, after intervals of ten and twelve days, were introduced, which, at the expiration of six weeks, were followed by the perfect dispersion and removal of the tumor. The injections caused sufficient irritation to render the tumor hard, quite sensitive when handled, and to cause some pain in mastication or other motions of the lower jaw; but these conditions soon disappeared, and without being attended with, or succeeded by, suppuration. Very slight constitutional disturbance followed the injections after the first; this caused a feverish state in moderate degree, attended with headache and loss of appetite of one or two days' duration. The injection was applied to the central portions of the tumor first, and then to the peripheral, a single time. As soon as the inflammatory hardness caused by the first central injection abated, it could be perceived that there was manifest diminution in the size of the tumor, which was the case after each application of the remedy. Some months after the disappearance of the original tumor, there was a slight return, or apparent return of it; but regarding this as, perhaps, only accidental hypertrophy of the structures lately the seat of the disease, due chiefly to morbid impressibility following the treatment, and likely to subside after a short time spontaneously, nothing was done for it; and as the patient has not returned, after promising to do so should the tumor continue, it is probable she is again well.

At the date of this paper, the writer is treating an unpromising case of scrofulous tumefaction of the female mamma by intrastructural injection of the diseased organ. The mamma is extensively diseased, the entire gland seeming to be implicated and greatly enlarged, as well as indurated, painful, and sensitive to the slightest touch. Besides the disease of the mamma, numerous other local manifestations of constitutional scrofula exist, yet the general health has not materially deteriorated, notwithstanding the patient's severe suffering and loss of sleep for several months. Four injections thus far have only been employed—three of tincture of iodine and one of strong, pure acetic acid. The injections were applied first to the central portions of the mamma, and next to the peripheral after intervals of ten and fifteen days. In this case the remedy caused considerable pain, but comparatively very little inflammation of the parts injected, and no great constitutional disturbance, except sleeplessness; and after the trial of the remedy four times, it could not be perceived that any marked change had taken place in the diseased mamma, favorable or otherwise. The case is still under treatment, and should a fortunate result follow, which it is feared is quite improbable, it will certainly be reported.

The writer thinks he derived the idea of the intrastructural treatment of tumors from the employment of firm compression, the seton and acupuncture in such cases years since, in which successful results

followed, and no doubt were due to the irritation set up by those agencies in the diseased parts, of a different character from that upon which such growths depend. That injecting an abnormal growth with either of the substances which have been named tends to set up in them irritation, and essentially to change the innervation as well as their nutritive action also, will not be denied; and firm compression, the seton and acupuncture, it seems, must act chiefly in the same manner. Besides the contra-irritant action of the tincture of iodine, however, sorbefacient influences seem to be exerted by it likewise. Even acetic acid may act in like manner, though Dr. Broadbent, of London, thinks the injection of it into cancerous tissue arrests its growth, or causes the re-absorption of it, by a solvent power it is supposed by him to exert upon the living textures. It will not be profitable to attempt an explanation of the *rationale* of the discutient action of intrastructural injections in these cases, as it would be pure speculation; but it may be assumed, without fear of contradiction, that a change of vital action of the affected parts, both of the tumors and of the supporting textures, is the result of such treatment, a change which opposes the continuance as well as the further extension of them.

For many years the writer has entertained the belief that the scrofulous diathesis, in whatever condition of the living organism it may consist, constitutes the true foundation of cancerous development. In every case of that disease committed to his care, and their number has been great, the disease was clearly connected with a strumous constitution more or less strongly marked. Frequently, too, scrofulous tumors of the glands have, after their long continuance, degenerated into cancer; and the removal of a cancerous parotid and mamma has as often been succeeded by phthisis, which, very probably, is scrofula of the lungs, or the phthisical form of cancer. There is no doubt that phthisis often precedes and follows the evolution of cancer in the same individual; and, *vice versâ*, that the same is the case with scrofula and cancer of the mamma with respect to phthisis. Indeed, these diseases seem to depend upon the same kind of morbid action, but the products differ, in some slight degree, perhaps, by reason of the higher or lower grade of phlogosis by which they are accompanied. And, if the method of treating scrofulous tumors by intrastructural injection is safe and beneficial, it would seem that it might prove equally so in cancerous growths likewise. The relationship of cancer and tubercle has been referred to by Dr. Thomas Weeden Cooke, in a work lately published in London, entitled, "Cancer, its Allies and Counterfeits;" and the writer of this paper is really gratified at finding his views on this subject, so long entertained, supported by such respectable authority. Dr. Broadbent, of St. Mary's Hospital, London, already referred to, proposes to treat cancer by injecting the diseased texture with acetic acid, and the results, in the cases thus treated, have been quite favorable.

This method has also been tried in the Massachusetts General Hospital. It is exceedingly probable that it will be found as useful in the treatment of non-malignant as in scrofulous and cancerous tumors, with the exception, perhaps, of the bones when invaded by those diseases, and the second case referred to in this paper justifies such a belief.

Retention of Urine from Weakness of the Bladder, cured by Injections of Tea.

Some years since the writer was called in consultation into a neighboring State to see a highly respectable gentleman, in a case of retention of urine. The gentleman had been laboring under the disease some eight or nine months, was about 55 or 60 years of age; previous to his attack, was of vigorous general health, of active habits, and, as is too common with wealthy persons, had lived luxuriously. The case had been skilfully treated for some months with the usual remedies by the gentleman's family physician—a pupil of the writer—but with only palliative results. When the early history of the case, as well as the treatment to which it had been subjected, had been explained—and this was opportunely done just as the hour had arrived for decanting the urine—a catheter was carefully introduced into the bladder by the writer, and without the slightest difficulty. The urine flowed readily, but with a feeble stream, and without any perceptible projectile force or pain. The peculiarity of the stream, as the urine was escaping through the instrument, induced the belief that a want of contractile power of the vesical walls constituted the chief difficulty in this case, although more or less enlargement of the inferior lobe of the prostate, as well as of the gland generally, must have co-existed also, judging from the age of the patient. An infusion of common table tea as an injection into the bladder suggested itself as a remedy, most likely to meet the indications, while the urine was yet flowing. The tea was employed, and a single injection of four ounces of the infusion, of the ordinary strength for table use, relieved the retention, and probably it was the first time tea was ever thus used.

In this case considerable irritation resulted; not, however, of a painful character, but rather of the nature of strangury, the desire to urinate being more urgent as well as frequent, with slight tenesmus. The irritation gradually subsided after two or three days, and the retention likewise. As evidence of the benefit derived from the tea, the writer will state that an additional fee was enclosed to him by the grateful patient through his family physician some weeks after the consultation. The subject of this interesting case lived some years after the tea was used, but of what disease he died, or whether the retention returned or not, he has never been informed.

Since this first trial of the tea, as a vesical injection in retention of urine, in the case just referred to, the writer has frequently employed

it in the chronic diseases of the walls of the bladder, and generally with marked benefit. He has derived, most frequently, however, the greatest amount of relief from it in retention of urine when the result chiefly of debility, relaxation, or torpor of the vesical walls, and insensibility of the mucous lining to the action of urine, with moderate enlargement of the prostate. When enlargement of the inferior lobe of the prostate gland is the chief cause of retention of urine, little if any benefit need be expected from the tea unless such enlargement is complicated with œdema of the gland, or great relaxation of the vesical walls. In cystorrhœa of subacute character and of long standing, it is a valuable topical remedy, used after intervals of eight or ten days. Occasionally it will be found useful in incontinence of urine dependent upon relaxation of the mucous lining of the bladder, as well as debility of the sphincter muscle, often met with in children, and young females near the period of puberty. The injection should be of the strength of tea as commonly used at the table, and may be employed in quantities varying from two to four ounces. It should be about lukewarm when introduced, and retained from three to ten minutes. For the purpose of introducing it, a common number six or eight gum-elastic catheter, adapted with a cork to a four-ounce caoutchouc bag, will answer very well. The vesical cavity should always be evacuated of its urine and washed out with tepid water before using the tea. Should the tea cause severe irritation of the bladder, cold or tepid injections of rice-water, elm-bark, flax-seed, or the tea of althæa, may be introduced into it from time to time until it moderates, beginning not sooner than six or eight hours after the tea is discharged. Even cold water may be employed now and then if internal heat is complained of. Should these measures fail to relieve after a sufficient time, the bowels must be freely purged. Mild demulcent and diuretic drinks will be proper, and can be beneficially used in most cases as long as the remedial irritation continues. If violent pain follows, and the patient cannot sleep of nights, a laudanum or morphine injection of small bulk should be used.

April 16, 1867.

A NEW TREATMENT OF LEAD POISONING.

[Translated for the Boston Medical and Surgical Journal from the Gazette des Hopitaux.]

By W. F. Munroe, M.D.

In a recent clinical lecture, Prof. Monneret, of the Paris Medical School, gave the following exposition of his peculiar treatment (cold intus and extra) of lead poisoning.

Of all poisonings that by lead and its salts is the most frequent. It is not my intention to-day to describe the different phenomena of this intoxication; I shall only say that they are very varied, and

come on sometimes slowly, sometimes rapidly. In the first place, the workmen experience vague abdominal pains. Then there are troubles of the sensibility and motility, commencing in feebleness and ending in paralysis. After a certain time the abdominal colics become very violent, and are accompanied by obstinate constipation. This increase in the intensity of the colics is often due to excesses in drinking, which are usually denied by the patients.

Like other physicians, I had always treated these accidents by the free use of evacuants, when, some eight or nine months ago, the idea of a rational treatment suggested itself to me, based upon the supposition that the principal symptoms are due to an affection of the sensitive and motor nerves. This treatment was by the application of cold, *intus et extra*. Cold, as is well known, either directly or through the capillaries, has a great influence upon the nervous system and thus upon the secretions. For this reason I was led to inquire whether the sensibility and secretions of the intestines could not be modified by the action of cold as well as by that of the evacuants which I, in common with others, had always employed. The experiment being a harmless one, I was perfectly justified in making it; and, in addition to this, I was confirmed in my ideas by the success of an analogous preventive treatment by hydrotherapy as followed, under my directions, in one of the Clichy workshops. I myself, in my own service, have used this treatment in more than forty cases of workmen showing the early symptoms of lead poisoning, and have found it sovereign.

As soon as I see the patient I order him some iced drink, lemonade for example, occasionally adding a little wine. At the same time I order three cold-water injections daily, the water to be retained in the rectum as long as possible. In addition to the cold drinks and injections, the patient is submitted to hydrotherapy morning and evening, and, in some cases, a shower-bath is given at noon. This may be from a hose-pipe or the ordinary shower-bath, and should never last more than a minute. The action of this douche is not simply refrigerant, but is much more profound and general, stimulating the capillary vessels, which contract, at first, driving back the blood, and then expand, allowing a free return. Sometimes the action of the glands is increased, and a light perspiration covers the body. These effects of hydrotherapy, upon which I hope to dwell longer at another time, are very manifest and very active, and one can understand that the activity of the tissues is renewed. To these different means I add a cold poultice, in order to maintain a constant refrigeration. And, in this connection, let me teach you what I was ignorant of for a long time—that is, the way to make a cold poultice. Take a large linen or cotton cloth, and on it spread a layer of linseed meal half an inch thick. Upon this place pieces of ice about the size of a hen's egg; then add another similar layer of meal, and fold the cloth over so as to enclose the whole. Apply

this to the abdomen, and the gradual melting of the ice keeps up the influence of the refrigeration for some three hours. This powerful agent I employ, not only in lead colics, but in all cases in which such action is indicated (such as typhoid fever and peritonitis, for example), and greatly prefer it to the application of ice in bladders, which is sometimes intolerably painful to the patient. By the treatment just described the most speedy results are obtained, and I have seen the disease entirely cured in from two to seven days. In the forty cases observed by me, with two exceptions, all the symptoms of nervous trouble have disappeared as if by enchantment. The progress toward cure is this: during the first three days the constipation persists, and the injections are returned as they were given; the pain, however, disappears. On the fifth or sixth day, the fæcal matter, more or less softened, is rendered naturally, and the cure is complete.

For a long time this treatment appeared so simple that I regarded it as purely palliative; to-day, however, I consider it a powerful curative agent, acting upon the capillary and vaso-motor systems, and putting in play the natural secretions and excretions, thus aiding the organism to free itself from the poison which has manifested itself by a profound disturbance of the nervous system. It is by restoring to this its activity and molecular action that cold is curative to such an extent.

THE HYGRODEIK AND THE PROPER MEANS OF HYDRATING OUR HOUSES AND HALLS OF ASSEMBLY.

[Report to the Suffolk District Medical Society.—Continued from page 59.]

HAVING thus closed the first portion of our subject, let us turn our attention to the second and more important, that of the proper hydration of our houses and halls of assembly during the winter months, when by artificially raising the temperature of the atmosphere, we completely change its nature.

It is to be taken for granted that the natural constitution of air at any given temperature is better adapted to life and human comfort, than an artificial air can be, and it is to be secured as nearly as possible in all structures designed for human occupancy.

In the greater part of the United States there is a regular curve of differences in the successive months of the year, as follows: January is coldest; February, two to four degrees warmer; March, eight to ten warmer than February; April, ten warmer than March, and nearly at the mean for Spring, and also for the year; May, nine to twelve warmer than April; June, seven to nine than May; July, four to six than June; August will be one to three cooler than July; September, five to eight cooler than August; October, eight to ten less than September, and near the mean of the autumn and the year; November,

ten to fourteen less than October; December, ten to fifteen less than November.

To compare the quantities for any month or any other period with averages for the same period either way, it must be borne in mind that a difference of five degrees for a month either way is a large difference, and the extreme difference in summer, while in winter ten degrees is an extreme difference. For the year five degrees either way is an extreme difference; that is, a year five degrees colder or warmer is probably the coldest or warmest in any period of 25 years.

During the summer months, including May and September, the weather is so warm that our houses do not require additional heat to make us comfortable; in winter we merely require that degree of heat which will produce the same agreeable warmth artificially, that is given us by nature without aid in the milder season. It will not be unreasonable in us, if we seek in winter the usual mean temperature of these warmer months.

We shall find that a portion of southern Maine, New Hampshire and Vermont, the valley of Lake Champlain, and the vicinity of Montreal, may be correctly represented by the mean of 67°.5; and the general features apart from the mean are quite alike in these districts, all being interior climates, with a large range of single extremes, and of extremes in consecutive years. This measure is common to still more extensive districts, as it embraces nearly all Massachusetts and of New York, Northern Pennsylvania, Michigan and Wisconsin.

In our own State we have a series of tables extending through many years, which has been prepared from the data of a number of observers, whose observations were taken not only in towns along our sea coast, but also in the interior in high land as well as low land. In the series which we now refer to, the details of the first series of 33 years are accessible in Cambridge, as are also those of Dr. Williams from 1783 to 1788. For the period of 1786 to 1828, Dr. Holyoke's celebrated series is preferred, though Prof. Farrar observed 23 years in Cambridge, 1790 to 1812, with apparent accuracy, and these two series accord very closely. Next there are 20 consecutive years at Boston by Mr. Hall, 1820 to 1839.

The United States Arsenal, at Watertown, supplies the interval, which is taken for 4¼ years, 1837 to 1841, to compare with others of same date; and Prof. Bond's series at the Astronomical Observatory of Harvard University, supplies the rest and concludes the period. The series at Salem are published in full, with prefatory memoir by Dr. Hale, in the Memoirs of the American Academy, 1838. The hours of observation were 8–9, about noon or 1 p. m., at sunset, and regularly at 10 p. m. The first seven years were prepared by Dr. Holyoke for publication; the next 26 years by Dr. Clapp, and the last by Dr. Hale. For 3 years, from 1793 through 1795, the hour of sunrise was observed, and after 1818 a register night thermometer. At Boston the hours were 7, 2, 9. At Arsenal and Ob-

servatory, sunrise, 9, 3, 9, till 1853, then 7, 2, 9. The series representing the climate of Boston is complete for 70 years, and with Dr. Winthrop's observations could be made for 115 years. In Dr. Holyoke's Meteorological Journal, we find these general results, for 43 years, from 1786 through 1828.

	1st seven years.	2d.	3d.	4th.	5th.	6th.	7th year.	Whole 43 years.
May—	56.87	58.29	57.33	55.27	55.54	56.76	57.81	56.84
June—	67.21	68.43	67.80	66.00	65.07	67.97	67.87	67.19
July—	71.30	73.45	72.94	70.49	71.84	73.23	74.15	72.49
August—	69.75	72.80	71.32	69.64	68.45	61.57	70.09	70.53
September—	61.32	63.66	64.44	62.57	61.48	64.51	63.02	62.96

From the averages of these five warm months at Salem, during 43 years, we find the mean heat of this season during that time was 66° and a very small fraction, less than one-hundredth of a degree.

Taking the united series from 1780 through 1856, comprising the observations at Salem, Arsenal at Watertown, Cambridge College Observatory, and Boston, we find the months already noticed give us the following mean: May, 55°.5; June, 64°.3; July, 70°.9; Aug. 68°.3; Sept. 62°.3. And from these means, extending over so many years, we obtain an average heat of 64°.2.

In another series published by the Senate of the United States, a number of towns of Massachusetts are given, with their temperatures during the years 1854, '55, '56, '57, '58, '59, some of these towns being inland of high altitude, others on the sea-board, such as Amherst, Nantucket, New Bedford, Newburyport, North Attleboro', Princeton, Worcester. In this series we find these means of heat: May, 51°.9; June, 65°; July, 70°; August, 67°; September, 61°. And from these means during six years we get the average temperature of 64°.

In a series of tables published in the proceedings of the Franklin Institute, by James A. Kirkpatrick, taken from observations made in Philadelphia during 15 years, we find these months have a higher temperature than with us.

Thus, May, 68°.36; June, 73°.02; July, 77°.82; August, 75°.49; September, 69°.5. With an average temperature for the five months, during 15 years, of 71°.83.

May we not conclude, then, that the artificial warmth we need in our houses in winter, will be that at 65° Fahrenheit, one neither too warm to oppress us nor too cool to be comfortable, and one particularly suited for our climate with its great degree of wintry cold? When a house is heated above this, the persons subjected to it are much more sensitive to external cold, more liable to the various diseases incident to winter; and we call to mind the statement of the Scotch physician who says in his opinion many more colds are caused by going from the outer cold air into a room heated up to a high grade, than by any other way which the world calls *exposure.*

With this the normal (if we may so call it) degree of internal heat, we must by no means neglect the proportional amount of humidity which is requisite to render an artificial heat really like that of sum-

mer air. "Moisture in the air must not be considered as an adventitious ingredient, but rather as an essential component of atmospheric air. It requires in general to be added to air in cold climates in winter, in proportion to the temperature communicated to it before it approaches the person."—(Dr. Ried.)

If cold air be heated in spring or summer by natural causes it absorbs a proportional share of moisture in general from the surface of moist ground, lakes and rivers, or from the ocean; and this reaches the system in a congenial condition. On the other hand, if cold and dry air be heated artificially without receiving moisture, its increased power of absorbing moisture renders it offensive to the system.

Indicating the saturation point of air at any given temperature by the number 100, we have a standard established for comparison when ascertaining the quantity of moisture actually present in any specimen of air. Upon ascertaining the amount so present, it may be indicated by a number which will bear the same relation to 100, that the amount found present bears to the amount which would be present if the air was completely saturated, or contained moisture to the full extent of its capacity; and in such a case the number indicating the quantity present is called the *relative humidity* of the air examined.

The relative humidity is affected in many ways, and especially so in different countries. Thus in England, with its moist air, the mean annual humidity of atmospheric air has been ascertained to be about 75 per cent., saturation being, as before stated, 100. But in a comparison of some of the meteorological phenomena of the seasons during fifteen (15) years at Philadelphia, made by James A. Kirkpatrick, and published in the proceedings of the Franklin Institute, we find the relative humidity of each month given, and are enabled to reduce them to the following table:

The month of May for fourteen (14) years presented the following means of temperature: 63°.36; and humidity, 63°.9.

The month of June for fourteen (14) years: temperature, 73°.02; humidity, 65°.4.

The month of July for fifteen (15) years: temperature, 77°.82; humidity, 65°.0.

The month of August for fifteen (15) years: temperature, 75°.49; humidity, 68°.3.

The month of September for fifteen (15) years: temperature, 69°.5; humidity, 68°.25.

The five (5) months for 14 and 15 years presented an average temperature of 71°.83; an average relative humidity of 66°.19.

As we now come to our own State and take the means of the towns whose temperature for these warm months has already been given, we shall have their relative humidity, taken at the hours of 7 a. m., 2 and 9 p. m., with temperature at the same hours, to be as follows:

Towns.—Amherst, Nantucket, Newburyport, New Bedford, Princeton, Worcester.

	May.						June.						July.					
	Temperature.			Humidity.			Temperature.			Humidity.			Temperature.			Humidity.		
	7 a.m.	2 p.m.	9 p.m.	7 a.m.	2 p.m.	9 p m.	7 a.m.	2 p.m.	9 p.m.	7 a.m.	2 p.m.	p.m.	7 a.m.	2 p.m.	9 p m.	7 a.m.	2 p.m.	9 p.m.
1854	52	62	54	77	58	77	61	71	61	77	62	82	68	79	69	79	61	77
1855	49	61	50	70	49	73	61	69	60	78	62	81	68	76	67	83	68	83
1856	41	49	42	76	59	74	53	62	53	79	60	81	57	67	58	79	59	79
1857	51	60	51	81	65	81	59	68	60	81	62	79	66	75	86	80	70	88
1858	49	56	49	77	57	76	62	72	61	80	61	81	65	72	65	83	62	81
1859	52	65	53	80	61	81	60	68	57	85	69	83	64	74	64	84	60	81
	49	58	50	76	58	77	59	73	58	80	62	81	64	73	64	81	63	81

	August.						September.					
	Temperature.			Humidity.			Temperature.			Humidity.		
	7 a.m.	2 p.m.	9 p.m.	7 a.m.	2 p.m.	9 p.m.	7 a.m.	2 p.m.	9 p.m.	2 p.m.	2 p.m.	9 p.m.
1854	63	75	65	79	56	75	56	68	58	84	63	81
1855	61	72	62	80	60	79	55	67	56	80	58	79
1856	53	61	54	90	68	83	49	58	50	85	66	87
1857	63	72	64	87	68	87	56	67	57	85	63	87
1858	62	72	63	85	66	85	57	68	58	84	60	85
1859	63	74	64	83	63	85	55	65	46	86	67	87
	60	71	62	84	63	82	54	65	54	84	62	84

Taking the means of temperature and relative humidity at 2 o'clock p. m., of these months during these years, we have as follows:

	Temperature	and	Humidity.
May,	58°		58
June,	73°		62
July,	73°		63
August,	71°		63
September,	65°		62
	5)340		5)308

Giving us as the respective mean of 68° and 61 per cent. which we may consider the average amount of these sections of the State of Massachusetts.

According to Pouillet nearly one-half of the heat which the sun supplies to the earth is absorbed by the atmosphere. Of the heat so absorbed a considerable proportion goes to supply the mechanical energy of air in motion, or wind; and thus ceases for a time to exist as heat. Another portion is expended in causing evaporation of water from the ocean, and the moist surface of the land. The *quantity* of vapor attains its *minimum* throughout the year, in the morning before sunrise. At the same time, owing to the low degree of temperature, the *humidity* is at its *maximum*. In proportion as the sun rises above the horizon, the evaporation increases and the air receives every moment a greater quantity of vapor. But as the air opposes an obstacle to the formation of this vapor, it becomes further and further removed from the point of saturation, and the relative humidity becomes more and more feeble. This rate continues without interruption until the moment when the temperature attains its maxi-

mum. In winter the quantity of moisture regularly increases until towards the afternoon; when the thermometer commences falling, the vapor is in part condensed on cold bodies, and the proportion of vapor diminishes until next morning; while, in consequence of this reduction of temperature, the air becomes relatively moister.

In summer, things go on quite differently; in that season, the absolute quantity of vapor increases in the morning also; but, before midday the maximum occurs, and in different months it occurs sooner or later—the absolute quantity of vapor then diminishes until the time of the highest temperature of the day, without, however, attaining a minimum so low as that of the morning. As the temperature rises during all this space of time, it follows that the air is further and further from the point of saturation. After having attained its minimum, the quantity of vapor again increases very regularly until next morning, while the air becomes relatively more and more moist.

The point of saturation rises more rapidly than the temperature; a quantity of air absolutely humid at 32° F. holds in solution an amount of vapor equal to $\frac{1}{160}$th part of its weight; at 59° it holds $\frac{1}{80}$th; at 86° it holds $\frac{1}{40}$th, and at 113°, $\frac{1}{20}$th. On the seacoast the quantity of vapor goes on increasing regularly from sunrise till about two or three o'clock in the afternoon. This happens because the sea breeze rises precisely at the moment when the ascending currents draw the vapor towards the higher regions. This breeze brings vapors from the sea, and the air becomes moister during the afternoon than it is in the middle of the continent.

In summer we are obliged to notice the predominating feature, the irregular distribution of profuse showers, alternating with perfect serenity. No where else are thunder showers such grand and conspicuous phenomena, recurring at intervals on successive days. In our Northern States they are more constant than in the Southern States, or more likely to occur on the afternoons of every day through the warmest month or months. These showers are developed by the daily heat, apparently forming as that attains its maximum, in cumulus clouds, which begin with the warm hours of the day, and rise in the remnant of a stratum at evening, if not dissipated sooner. The number and duration of these is proportioned to the heat and degree of saturation, and under proper conditions in this respect they may be continued at all hours of the day.

Periods of excessive heat and saturation of two (2) or eight (8) days duration are common in the American summer. The maximum of 100° is frequently found in Canada even, and southward of the latitude of Boston it may be relied on that the temperatures of 95° to 98° will occur once or twice every summer.

These warm periods continue over several days also, and if the air is dry, the temperature easily rises above 100°. If saturated, or nearly so, it rarely goes above 95°, but the effects are very destructive in these cases, great mortality occurring in cities from sun-stroke,

as it is called, which is an exhaustion or depression of the vital powers resulting from the joint effect of heat and humidity.

As a representation of these summer heats, the following observations were made by Blodgett with great care, in Washington, 1853:

	Temp. of Air.	Temp. of Evap.	Percent. of Humidity.
June 30.—9, a.m.	84	79	79
12, m.	94	81	55
2, p.m.	98.5	82.5	48
3, p.m.	99.5	81	43
4, p.m.	98	79.5	41
5, p.m.	86	71.5	47
July 1st.—9, a.m.	85	79.5	78
12, m.	91.5	80	59
2, p.m.	95	79	47
3, p.m.	93	78	48

These high temperatures with us generally have a low per cent. of saturation, often falling below 30 per cent., though at times with excessive saturation. At New York, in August, 1853, the wet bulb was at 80 to 84° from the 12th to the 14th, the air at 90 to 94°, the mortality frightful from this joint effect, over two hundred (200) persons losing their lives in the two days in that city alone.

Dr. Grimshaw, of Cork Street Fever Hospital, states:—1st. That an increase in the moisture of the atmosphere favors an increase in typhus; 2d. That an increase of temperature favors an increase of typhus; 3d. That the two previous conditions combined are most favorable to an increase of typhus.

In the American climate the difference of atmospheric humidity may reach 25 per cent. In the Eastern States a difference of more than 15 is rare.

The daily range of humidity is considered much greater in the Atlantic States than in Great Britain or other countries of western Europe. As a general rule, the dew point is here many degrees below the temperature of the atmosphere which is thus considerably removed from saturation.

We think, then, that our houses should have the artificial summer heat of a temperature varying from 64 to 68°, with a preference for that at 65°. With this an amount of moisture must be added that will give a relative humidity of 60 to 62. There can be no doubt that a certain amount of moisture is requisite as one of the conditions without which no vital actions can go on. All nutrient materials must be reduced to the liquid form before they can be assimilated by the solids; again, all the solids which are to be carried off by excretion must become liquid before they can leave the body. The nervous and muscular tissues contain a very large proportion of water, the former as much as 80, the latter as 70 per cent. By the long application of dry heat to a dead body, its weight was reduced from 120 pounds to 12; so that taking the average of the whole, the amount of water, not chemically combined, but interstitial, might be reckoned at as much as 90 per cent. Much solid matter must have been lost by this procedure, therefore we shall be more correct if we consider the weight of

the fluids of the body to exceed that of the solids by six or seven times.

Our exhalations are loaded with aqueous vapor. At a dew-point of 32° one pound of vapor escapes for every thirty-five pounds of expired air; with one at 75°, one pound for every sixty-nine pounds. As the dew-point is higher in summer than in winter, we exhale less moisture in the former; but is this not offset by the perspiration? The amount exhaled is estimated at from sixteen to twenty ounces in twenty-four hours. The skin also secretes aqueous vapor, as sensible sweat or insensible transudation, amounting to nine grains troy a minute. Seguin estimated it at fourteen grains a minute for lungs and skin. If constant, we lose as maximum two and a quarter pounds in twenty-four hours; minimum, one and a half pound, varying with dew-point and temperature. A heat of 100° more than the natural temperature of the body may be borne with impunity by the amount of secretion bathing the surface of the body and keeping it cool.

We cannot do better than by quoting the words of Dr. Wyman:—"The influence of this agent upon the human system is exceedingly important. The lungs are continually exhaling moisture, its quantity depending upon the hygrometric state of the atmosphere. Whatever be the condition as to moisture of the inspired air, it is uniformly expired very nearly saturated with aqueous vapor, and as its avidity for moisture is inversely as the quantity it contains, it is obvious that the amount removed from the lungs must also vary in the same proportion. The skin also loses moisture by the processes of insensible perspiration and transudation or sweating. The former of these, by which much more (nearly six times as much, under ordinary circumstances) is lost than by the latter, is greatly influenced by the hygrometric state, the motion and rarefaction of the atmosphere.

If the air be too dry, the lining membrane of the lungs, throat and mouth may be deprived of its necessary moisture so rapidly that an uncomfortable degree of dryness, or even inflammation, may be induced.

[To be continued.]

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY CHARLES D. HOMANS, M.D., SECRETARY.

JULY 22d.—*Tumors in the Brain; Disease of the Renal Capsules, without Symptoms.*—Dr. JACKSON showed the specimens, and reported the case.

"The patient was a tuner of piano-fortes, about 30 years of age, and of good general health. In December, 1865, he was attacked

with acute rheumatism, and was sick for six weeks. Last July he had an attack of peritonitis that lasted for six or seven weeks; and, before he was quite recovered from this, there came on a pain along the right sciatic nerve, shooting from the hip to the foot, and becoming quite severe. For this pain he entered the Massachusetts General Hospital on the 31st of January; and, on the following day, there were noted the signs of a deep-seated abscess near the sacrum, upon the right side. On the 5th of March he was discharged, relieved. The pain left him in the course of the spring, but the abscess went on, and was opened about the middle of June, after which it healed up at once, and he had no further trouble from it.

"On the 17th of February, he reported some pain in the back of his head for the last few days; and, on the 4th of March, a neuralgic headache which he had had every night for about a week, and which sometimes kept him awake. From that time he had more or less pain until his death, and it soon became severe; not constant, but rather in paroxysms, with nausea when most severe, and often relieved by vomiting. The seat of the pain was upon the right side, towards the upper part, and rather towards the front. On the 27th of May, when he was first seen by his attending physician, there was an amaurotic appearance of the eyes, with apparent protrusion of the globes, but without any change in the pupils. These last, subsequently, became dilated and unaffected by changes of light, with slight strabismus and failure of vision; and for the last three weeks he was totally blind. The two eyes were about equally affected. A month before his death he was also somewhat deaf in one ear, but in a few days this passed off. During the last few days he imagined that he saw various fanciful objects, but he seemed to know that they were illusions; and, otherwise, his mind was never affected. Once only, and in the month of May, he had a convulsion. The power of voluntary motion and the sensibility were never affected. From the month of May he was confined to the house, and for about a month before his death to the bed, with much loss of flesh and strength, though he was by no means greatly emaciated at last; his weight, in health, averaging 140 to 150 pounds. The pulse averaged about 100. His appetite was keen, as I believe that it often is in organic affections of the brain; and he was just having some chicken cooked for him when he suddenly died, on the morning of the 19th inst. Bowels rather torpid. Urine well. As one of the tumors was connected with the cerebellum, inquiry was made of the father, but he knew nothing of his son's sexual feelings being in any way affected. And, as the renal capsules were so much diseased, it should be stated that there was never the slightest discoloration of the skin.

"On dissection, two tumors were found in the brain. One was in the substance of the right optic thalamus; the other was upon the surface of the left lobe of the cerebellum, and about the middle of the line of union of the upper and under surfaces. Both were of a sufficiently regular and ovoid form, and quite firm to the feel. The first was about the size of a nutmeg; and, on section, showed a degree of translucency, such as is sometimes seen in the lymphatic glands, but with an appearance not very unlike that of the brain itself, with a defined deposit in the centre of opaque, yellowish lymph. The other was of the size of a large English walnut, without any appearance of

brain on section, but uniformly opaque throughout, though not as deeply so as the central portion of the other tumor; the structure seemed uniform throughout, and there was nowhere any trace of softening in either tumor. The right optic thalamus appeared about twice and a half as large as the left, when the two were first exposed, and somewhat opaque. Around each of the tumors the cerebral substance was of the consistence of a soft pulp to the depth of two or three lines, so that they both fell out as the brain was being handled, and it was quite impossible to determine the relations of the larger mass to the membranes. As the other mass, however, was certainly found in the substance of the brain, it was inferred that the larger one was also. These tumors had not at all the general appearance of tubercular masses, and, in accordance with this fact, there were found no traces of tubercles in the lungs or bronchial glands. Excepting the softening immediately about the tumors, the brain was perfectly healthy, as were the membranes upon the surface, unless there was a deficiency of moisture. There were, however, two ounces of clear serum, by exact measurement, in the lateral ventricles. As usual, these cavities appeared quite large when laid open, and the opening between them was large, but the septum was firm. There was, also, a flattening of the convolutions, with distension of the dura mater, as usual when there is effusion into the ventricles.

"In the abdomen, there were found universal and old adhesions, resulting from the peritonitis that occurred last year. The left renal capsule was enlarged, and the right was between two and three times its usual size. To the feel they were quite firm; and, on incision, were found to contain a large amount of opaque, tubercular-looking matter, though some portions were healthy. The other organs looked healthy externally.

"In the thorax there were universal, old, pleural adhesions upon the right side, explaining a statement made by the patient at the Hospital on the 11th of February, that 'a year ago he had a severe attack of pain in right side of chest, which prevented work for a week.' The left side was free, and the organs were healthy.

"On examination of the back, and though the abscess closed up at once after it was opened, there was found a softness of the tissues, with some infiltration of opaque lymph beneath the glutæus maximus, and in the seat of the former inflammation. The bones, however, which it was thought might have been diseased, were healthy.

"The cause of the suddenness of the death did not appear.

"Disease of the renal capsules, in connection with discoloration of the skin, &c., has been observed often enough here to fully substantiate Dr. Addison's original and very important observation; but the cases in which the disease has been found without the symptoms have not, so far as I am aware, been brought out; and it is certainly very desirable that they should be."

The following microscopic appearances were observed by Dr. C. W. Swan:—

"Tumor of optic thalamus. General character of the translucent portion, fibro-cellular. Fibrous element distinct, but not prominent. Acetic acid brought out crowds of small nuclei. The loose material scattered over the field of the microscope consisted in part of imperfect shrivelled cell-forms, in part of round or oval nuclei, with nucle-

oli, free or enclosed in delicate fusiform and caudate cells. The central opaque mass presented the appearance of tubercular matter, or such as might occur from the degeneration of a variety of cell-structures. There was very little fat.

"The large opaque tumor of the cerebellum, though tolerably firm, had undergone such degeneration that, whatever its original structure, its final character was much like that of cheesy tubercle—minute elements indistinctly suggesting cell-forms, empty or containing bright granules, together with granular debris and a little fat.

"The tuberculoid masses in the supra-renal capsule consisted of degenerate granular material, with a considerable number of delicate, slender or linear cells, such as belong to new connective-tissue."

JULY 22d.—*Ovarian Cyst; Removal; Death in fifty-eight Hours.*—Communicated to the Society by Dr. M. WYMAN.

Mrs. W. V. S., aged 42, married; two children. Fourteen years ago had inflammation in right iliac region, which slowly subsided, leaving a certain amount of tenderness, resistance to pressure, and an unnatural sense of weight. In December, 1866, first noticed fulness in abdomen, which has steadily increased up to the present time, with more or less pain and tenderness. Pulse increased in quickness and frequency; occasional heat of skin; emaciation; œdema of legs and thighs. Quantity of urine about one pint in twenty-four hours, not coagulable. Appetite pretty good, strength diminishing. Now (June), obliged to sit upright most of the time; lies in bed only occasionally. May 28th, 1867, tapping with large trocar and canula, just below umbilicus and to the right of the median line. Fluid, 1st, a thin, straw-colored serum, apparently from the peritoneal cavity; 2d, a gelatinous substance, of about the consistency of "calves-foot jelly"; quantity, somewhat more than a quart.

June 7th.—Again tapped. Gelatinous substance and serum as before, removed by means of exhausting syringe; quantity, about two quarts. Considerable relief of distension after both operations. Exploration with probe indicated more than one sac. No inflammation appeared to follow either operation, at least so far as pain or tenderness indicated it. Such is the history to this time, June 17th.

The patient now puts, substantially, these questions:—

1st. Is recovery possible without the removal of the diseased mass? Answer—No.

2d. Is there a chance of recovery after the removal of the diseased mass? Answer—Yes; but the chance is small, and the probability is against recovery, and you are advised against the operation.

She now says, that chance, great or small, which a surgical operation offers, I claim as my right, and demand it of the medical profession. The question for consideration is this:—

Can the profession, under these circumstances and with this history, deny the right or refuse the demand?

June 17th.—The above question was put to each of the gentlemen who were invited to be present, and with one exception they answered unhesitatingly in the negative. The gentlemen present were—Drs. Hodges, H. J. Bigelow, Buckingham, Minot, Wellington, H. G. Clark, Cabot and Walcott.

Operation by Dr. Hodges, at 12.20, P.M., June 17th. A short incision was made below the umbilicus. An immediate escape of large

quantities of the "jelly" above described followed. This was either free in the peritoneal cavity or escaped from a thin cyst ruptured at the time. A mass of small cysts, free of adhesions, and containing a similar jelly-like material, the size of a man's head, was found upon the right side, having a moderately long pedicle. This was transfixed by a double silk ligature, tied, and, when the tumor was removed, fastened between the lips of the wound, without any traction. The wound itself was brought together with the peritoneal surfaces of the two sides in apposition. There was a general peritonitis present of a subacute character. After the operation, the patient was placed in a clean bed in a comfortable position.

8, P.M.—Has vomited several times since recovery from ether; dull pains in lower part of abdomen, like those of menstruation. Catheter drew off about a pint of urine, with relief. Takes ice freely. Pulse 80.

June 18th.—Vomited three times during the night; slept some; pain not severe; abdomen distended. Bladder kept free with catheter. Tongue clean. Pulse quick and hard. Skin moist and soft; no chilliness. Got arrowroot during the day, with carbonated water and ice; thirsty. During the day the pulse increased in frequency and the skin became hot; abdomen fuller, but not much tenderness; œdema of legs less.

19th.—Pulse 120; respiration 40. Continual vomiting during the night; continues to-day. Became faint when the head was raised. Got warm water to feet, which had become cold. 5, P.M.—Pulse frequent and feeble. Ligatures freed from the stitches around them, and found to be loose; they were carefully removed. One pint or pint and a half of clear serum flowed from the abdomen. Continued to vomit and sink till 10, P.M., when she died.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, SEPTEMBER 12, 1867.

SALE OF SO-CALLED AMERICAN MEDICAL DIPLOMAS IN EUROPE.

We have from time to time seen allusions in the English medical journals to the sale in England of medical degrees purporting to have been issued by American medical schools; but it never occurred to us that the supposition that such documents were genuine, and worth anything more than the parchment they were written upon, could for a moment find credence among thinking men. But it seems we were mistaken, and so distinguished a member of the profession as Sir Dominic Corrigan, at the recent meeting of the British Medical Association, makes it the subject of very serious remark, and the text for an elaborate discussion of the proper course to be pursued by the General Medical Council towards all holders of diplomas issued by foreign universities. We find in the *Dublin Evening Post* of August 8th, a report of a portion of Dr. Corrigan's address; and, in order that our readers may understand the full extent of the delusion under which our British brethren are laboring, we copy the following passage:—

It is notorious that both in Germany and America there are universities

that sell their diplomas, just as they sell beer or Indian corn, to all who can afford to pay for them. Most of my hearers have probably seen the manifesto of the University of Erlangen, in which they stigmatize the statement I made to this effect, in the council, as "void of foundation in all its particulars," and my reply, both published in the journal of this Association of July 20th. In that reply I adduced instances of four German universities in which I showed proof by documentary evidence that they conferred degrees *in absentia*, and that so low were they held in estimation by their own country that the diplomas did not enable the holders to practise there. I have received other evidence since. A gentleman connected with the medical and literary press of London has placed a document in my hands, in which he certifies that an American agent called on him this present year with diplomas duly signed and sealed by one of the American colleges nine or ten years old, that he could have a supply fifteen years old if required, and that he had a variety in—stock price £20—and would allow a discount off as it was a matter of business. This gentleman is quite ready at any time to verify the memorandum, and to give his name. I have within the last week received letters from two members of the profession, one of them a president of one of our branch associations, in which he encloses to me a communication from an agent in Glasgow, in reply to a communication for the purchase of a foreign diploma; and I am sorry to say an M.D. of one of our universities. The letter is so characteristic that I shall make no apology for reading it at length:

"Ewing Place, Glasgow, 24th July, 1867.

"Dear Sir,—After having had the pleasure of your note of the 6th instant, I write you in direct course. I stated in terms of said letter that no university but that of the State of Pennsylvania gave degrees of 'medical doctor *in absentia*, the cost being £32 12s., and in full of all demands,' and delivered free. I also stated in terms of my said note that the University of Giepen [? Giessen], of Hesse Darmstadt, gave degrees of M.D. for £22 paid there, and £15 10s sterling paid here, and also in full of all demands. In either case I will cheerfully assist you or your friend in obtaining the object in view. As I have four new degrees to get at Pennsylvania next week, and other four at Giepen also, please send me £32 12s. for the Pennsylvania degree, or £15 10s. in part of the Giepen degree, and I will send all the requisites to you in course. I am, my dear Sir, truly yours, —— ——, M.D."

To give this epistle due dignity, there is inscribed on the envelope "on her Majesty's service." It is scarcely necessary to observe that I have in my possession the documents and the names.

Were it not for the currency which disparaging stories about everything American so readily find in Great Britain, we might be justified in feeling some astonishment that such a charge against one of our oldest medical institutions could be for a moment entertained by a gentleman of the intelligence of Dr. Corrigan. It does not seem, however, to have been received with any distrust by his audience, and at the conclusion of his remarks a vote of thanks "for his very able and valuable address" was proposed by Dr. Acland, seconded by Sir James Simpson and adopted. Wishing to give as authentic a denial to the charge which it contained, so far as the University of Pennsylvania was concerned, we wrote to the Dean of the Medical Faculty of that institution, stating the facts in the case, to which we have received the following reply:—

Philadelphia, August 27, 1867.

Dear Sir,—We are much indebted to you for your communication directing attention to the statement by Sir D. Corrigan with respect to the sale of American diplomas in Europe. As regards the University of Pennsylvania, irrespective of the nefarious character of the transaction, the issue of diplomas beyond those legally authorized is an impossibility. The Faculty of Medicine has no independent control over the degree of Doctor of Medicine. When the examinations have been made, a recommendation of the candidates who have passed is

transmitted to the Provost, and by him submitted to the Board of Trustees, who issue their mandamus. Each diploma is signed, after it has been filled in with the name of the graduate for whom it is intended, by the entire Faculty, as well as by the Provost, Vice Provost and Secretary of the Board of Trustees, the latter officer attaching the seal of the institution. This seal is never out of his possession, and cannot be used except by order of the Board of Trustees, and by himself.

It should be noticed that the title of our school is "*The University of Pennsylvania*," of which the Medical Department is a portion. The words "State of Pennsylvania" are not a part of its designation.

I have been thus explicit in the reply to your letter, with the view of exhibiting the impossibility of any irregular trade in diplomas on the part of such an institution as the University of Pennsylvania. From the form of the diploma, a counterfeit would be very difficult.

With many thanks for your kindness, I am very truly, your ob't servant,

JOSEPH CARSON, *Acting Dean, U. P.*

We trust the University of Pennsylvania will stand fully acquitted in the eyes of our brethren across the sea of the gross charge of Sir D. Corrigan, so publicly made. We feel, however, that the charge was made with much too little consideration, and shows a want of true professional courtesy to the medical profession in America. At the present day no man has a right, in our opinion, to make the sweeping assertion that "it is notorious that in America there are universities that sell their diplomas to all who can afford to pay for them," without the most undoubted authority for the statement. In point of fact, it is just as untrue as it would be to say that the Royal College of Surgeons in London sells its diplomas openly in America. Impostors there are the whole world over, who never tire in their inventions to draw money from the pockets of the simple-minded and credulous. A fictitious medical diploma would seem to be a very transparent form of humbug, were it not that the facts in the present instance show the reverse to be true. We have many medical schools in the United States—too many by half; but the poorest of them has too much self-respect to countenance the practice of which one of the oldest, if not the very oldest, and one of the first reputation, stands accused by Dr. Corrigan. Great ignorance prevails, we are well aware, with regard to our medical schools on the other side of the water. It would be a good work on the part of the American Medical Association to transmit to the General Medical Council of Great Britain some information upon the subject, and supply them with a list of our medical schools, in order that their graduates, when visiting Europe, might be met with the courtesy which, so far as our experience goes, is uniformly extended to European physicians when visiting America.

Case of Albuminuria successfully treated with Perchloride of Iron. MESSRS. EDITORS,—June 8, 1867, I was called to see Mr. H., a tailor by trade. For some time previous, he had been suffering from "Bright's" disease of the kidneys. At this time he was confined to his bed, and his symptoms were very grave; such as coma, general anasarca, feeble pulse, loss of appetite, and the case presented well-marked indications of a speedy dissolution.

Upon making an examination of his urine, it was found to be scanty in quantity, of dark amber color, and by applying heat heavily loaded with albumen.

His treatment was then, like that adopted from the commencement of his disease, viz.: frequent administrations of elaterium, and other drastic cathartics, with some mild tonics.

Believing that the true treatment of albuminaria consists in the administration

of those remedies which, by their action upon the blood, will change or perhaps even coagulate the albumen, and at the same time will invigorate the system, and thereby enable it to prevent the loss through the urine, of one of the most important constituents of the human economy, I suggested to the attending physician to give him the perchloride of iron in ten- to fifteen-drop doses every four to six hours, and simply keep the bowels open by the use of some mild cathartic. After taking this remedy for a few days the albumen began to lessen in the urine, the anasarca to subside, the patient to improve, and in the course of two or three weeks he was able to attend to the duties of his calling.

The patient, since his recovery, has informed me that the iron had not been administered over forty-eight hours before he felt a decided change for the better.

New Lebanon, N. Y. GEORGE P. SALMON, M.D.

The above case is a very interesting one, and adds one more to the repeated instances of the efficacy of iron in some of its forms in albuminuria and Bright's disease. We hope we shall be pardoned, however, for saying, that to call the case one of Bright's disease is not fully sustained by the evidence, although there is little doubt in our mind that such was its nature. Albuminuria, however, is not Bright's disease, although it is generally a prominent symptom of it. The microscope alone can determine the presence of the disorganization of the kidney which constitutes true Bright's disease. We make these remarks because of the too general practice among physicians to make this term synonymous with albuminuria. This, of course, always throws a doubt upon the diagnosis, which is greatly to be regretted in the case of a disease which originally was regarded as one of such very grave import, and the frequent curability of which it is so important to establish beyond dispute.

Albuminuria and Smallpox.—At the meeting of the Medico-Chirurgical Society of Bologna, held on the 16th of February, 1867, Professor Concato reported a number of cases of albuminuria in which the microscope gave indubitable evidence of the existence of a tubular nephritis. In each one of these cases the disappearance of the albumen coincided with the intercurrent development of variola, as if the eruption had acted as a cure of the albuminuria. For the purpose of verifying a fact so new and interesting, he had inoculated with smallpox virus a number of patients affected with albuminuria, with their consent, but without result. He called the attention of physicians to this subject, and suggested at least the trial of vaccination in these cases, to see if any effect was produced on the albuminuria.

Asylum for Convalescent Girls.—An asylum for the temporary residence of young female patients, discharged from hospital, was organized in France in 1859. It was designed especially for the patients of the hospital St. Eugenie. It is known as the asylum *Sainte-Hélène*, and is situated at *Epinay-sous-Sénart*, near Brunoy. It is placed in the midst of a large park, supplied with abundance of fresh water, and filled with flowers and verdure. The little patients who enter this retreat with tottering footsteps and bearing the marks of the disease for which they were admitted to the hospital, in this beautiful and healthy locality, under the fostering care of the good sisters in attendance, soon recover the vigor and bloom of health. More than 2,300 young girls have thus been restored to their friends in full health since the establishment of this admirable charity. It is an example

worthy to be followed elsewhere; and we know of no more pressing need in the vicinity of our large cities than the want of just such a retreat for hospital convalescents and incurables. Many a poor, overworked girl, too, who now finds no time for the recreation and rest which human nature demands, would find in some such institution just what she requires to renew her failing powers, and thus keep her from becoming an inmate of a hospital in the end. We wish some of our good people would turn their charitable thoughts in this direction; it is as yet an unoccupied field in this country. Such an institution would be an incalculable blessing.

Treatment of enlarged Cervical Glands by Injections of Iodine.—By a curious coincidence, in turning over the leaves of the London *Medical Times and Gazette* of July 27th, we find a case of hypertrophied cervical gland cured in a short time by injections of iodine into its substance, precisely as in Dr Mettauer's cases reported in this week's JOURNAL. The treatment is offered as something new by the reporter, Dr. C. H. Marston, of Devizes, Wilts. It will be seen that Dr. Mettauer's cases antedate it by some years.

Port Wine.—The *Medical Times and Gazette*, in a notice of an account of the wines of Portugal and Spain, written by Mr. Lytton, the British Secretary of Legation at Lisbon, quotes the following passage:

"All port wine hitherto exported for the English market is largely mixed with brandy, *and is composed almost quite as much of elderberries as of grapes.* The way in which what in England is called port wine has hitherto been manufactured for the London market is this:—The Paiz de Vinhateiro abounds in elder-trees: the berries of these trees are dried in the sun, or in kilns. The wine is then thrown on them, and the berries are trodden till it is thoroughly saturated with the coloring matter of the berries. Brandy is then added in the proportion of from 3 to 16 gallons to every pipe of 115 gallons. This is the composition of all the port wine hitherto drunk in England. No pure wine—no wine not thus specially adulterated for the English taste—was allowed by the Government Committee of Tasters to pass the bar of the Douro for export to England before the year 1865. This system, by the law of that year, was abolished. The trade is now perfectly free, and there is therefore no reason why pure wines should not now be exported to England."

The editor well remarks:—"All this must be highly satisfactory to the English possessors of 'choice old port' of rare and celebrated vintages. The advertisement of an eminent wine merchant, who affirms, in recommendation of his 'superb 1860 vintage port wine,' that it has been exported 'without the usual addition of 18 per cent. of aguardiente or raw spirit, and entirely free from the liqueur called *geropiga*, of a splendid ruby color, soft and ripe for immediate drinking,' must also, as Dr. Druitt has observed, be very consolatory to people who had previously bought wine in the faith that port is not port without spirit and *geropiga*."

International Medical Congress.—The International Medical Congress was opened on the appointed day by M. Bouillaud. The grand amphitheatre was adorned with paintings and flags of all nations, and was entirely filled by members of the Congress. Having called upon the meeting to elect officers, M. Bouillaud was declared President by acclamation, and was requested to appoint the other officers of the Conference. M. Bouillaud thanked the assembly for the honor, and designated for vice presidents six foreigners and six natives of

France. Among the foreigners selected, as reported in the *Union Médicale*, were Virchow of Berlin, Palesciano of Naples, and Vleminckx of Brussels. Among the Frenchmen were Bérard, Dean of the Faculty of Montpellier, Teissier, Professor at Lyons, Gintrac, Director of the School of Bordeaux, and Ricord, Vice President of the Academy of Medicine. M. Jaccoud was elected Secretary-General, and MM. Brichetau, Beale, and H. Gintrac, of Bordeaux, were elected Secretaries of Sections.

In the programme of proceedings for Saturday, the 17th of August, we find the announcement of a paper by Prof. Brown-Séquard, under the title of "New Views with regard to the Signs of Cerebral Disease"; and in that for the 27th of August, a paper by Dr. Maxson, of New York, on "Shoulder Presentations"; these are all the contributions from Americans that we see announced.

Death of Velpeau.—Our friend, Dr. Francis H. Brown, of this city, in writing us from Paris concerning the death of Velpeau, which we have already announced, says :—

Velpeau died on the 24th of August, passing quietly away, the harness still on his back. A day or two before his death he had been present at an operation at La Charité, and so laid down the instruments of his profession only in the last moments of his life. The funeral services were fully attended by medical and scientific men of every class.

Dr. Francis C. Ropes, of this city, has been appointed Surgeon to Outpatients at the Boston City Hospital.

VITAL STATISTICS OF BOSTON.

For the Week ending Saturday, September 7th, 1867.

DEATHS.

	Males.	*Females.*	*Total.*
Deaths during the week - - - - - - - - -	49	45	94
Ave. mortality of corresponding weeks for ten years, 1856—1866	51.7	52.9	104.6
Average corrected to increased population - - - - -	00	00	115.36
Deaths of persons above 90 - - - - - - - - -	1	0	1

Communications Received.—Vaccinal Cicatrices and Re-vaccination.—A Group of five cases illustrating a peculiar Paralytic Affection of the Extremities, occurring at the City Hospital, Boston, in the winter of 1866–67.—On the Treatment of Permanent Urethral Stricture.—Anæsthesia; new Researches, Statistical and Chemical, confirming the duty to use Ether instead of Chloroform.—A paper on Dacrycistitis.

Books Received.—Chemistry. By William Thomas Brande, D.C.L., F.R.S.L., &c., and Alfred Swaine Taylor, M.D., F.R.S., &c. Second American Edition, thoroughly revised. Philadelphia: Henry C. Lea. 1867.—The Physiology of Man; designed to represent the existing state of Physiological Science, as applied to the Functions of the Human Body. By Austin Flint, Jr., M.D., &c. New York: D. Appleton & Co. 1867.—Injuries of the Eye, Orbit, and Eyelids: their Immediate and Remote Effects. By George Lawson, F.R.C.S. Eng., &c. With numerous Illustrations. Philadelphia: Henry C. Lea. 1867.—The Tree of Life, or Human Degeneracy; its Nature and Remedy, as based on the Principles of Orthopathy. By Isaac Jennings, M.D. New York: Miller, Wood & Co. 1867.

Deaths in Boston for the week ending Saturday noon, September 7th, 94. Males, 49—Females, 45. Abscess, 1—accident, 3—inflammation of the bowels, 1—congestion of the brain, 2—disease of the brain, 7—inflammation of the brain, 1—bronchitis, 1—cancer, 1—cholera infantum, 13—consumption, 13—convulsions, 1—croup, 1—diarrhœa, 7—dropsy, 1—dropsy of the brain, 1—drowned, 1—dysentery, 2—erysipelas, 1—bilious fever, 1—scarlet fever, 1—typhoid fever, 3—gastritis, 1—infantile disease, 7—inflammation, 1—disease of the kidneys, 1—disease of the liver, 1—inflammation of the lungs, 1—marasmus, 1—cerebro-spinal meningitis, 1—old age, 2—pleurisy, 1—premature birth, 2—scrofula, 2—teething, 3—unknown, 6—whooping cough, 1.

Under 5 years of age, 53—between 5 and 20 years, 8—between 20 and 40 years, 12—between 40 and 60 years, 13—above 60 years, 8. Born in the United States, 74—Ireland, 10—other places, 10.